

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1		1			51		51		51	
2								52		52		52	
3								53		53		53	
4								54		54		54	
5								55		55		55	
6								56		56		56	
7								57		57		57	
8								58		58		58	
9								59		59		59	
10								60		60		60	
11								61		61		61	
12								62		62		62	
13								63		63		63	
14								64		64		64	
15								65		65		65	
16								66		66		66	
17								67		67		67	
18								68		68		68	
19								69		69		69	
20								70		70		70	
21								71		71		71	
22								72		72		72	
23								73		73		73	
24								74		74		74	
25								75		75		75	
26								76		76		76	
27								77		77		77	
28								78		78		78	
29								79		79		79	
30								80		80		80	
31								81		81		81	
32								82		82		82	
33								83		83		83	
34								84		84		84	
35								85		85		85	
36								86		86		86	
37								87		87		87	
38								88		88		88	
39								89		89		89	
40								90		90		90	
41								91		91		91	
42								92		92		92	
43								93		93		93	
44								94		94		94	
45								95		95		95	
46								96		96		96	
47								97		97		97	
48								98		98		98	
49								99		99		99	
50								100		100		100	
TOTAL IND.			1		1			TOTAL IND.		1		1	
TOTAL DEP.		1	1		1			TOTAL DEP.		1		1	
TOTAL CLASSES		20	20		20			TOTAL CLASSES		20		20	

Best Available Copy